



## AMENDMENT TRANSMITTAL LETTER

Docket No.  
4822-0102P

Application No. 10/827,332-Conf. #2928	Filing Date April 20, 2004	Examiner D. C. Pope	Art Unit 2632
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Applicant(s): Charles Henry LEDERER IV

Invention: Enhanced alarm system for monitoring of patients

**MS Amendment**  
**Commissioner for Patents**  
**P.O. Box 1450**  
**Alexandria, VA 22313-1450**

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	29	- 29 =	0	x	
Independent Claims	9	- 5 =	4	x 100.00	400.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify): Extension for response within second month					225.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					625.00

Large Entity

Small Entity

No additional fee is required for this amendment.

Please charge Deposit Account No. 02-2448 in the amount of \$ . A duplicate copy of this sheet is enclosed.

A check in the amount of \$ 625.00 is enclosed.

Payment by credit card. Form PTO-2038 is attached.

The Director is hereby authorized to charge and credit Deposit Account No. 02-2448 as described below. A duplicate copy of this sheet is enclosed.

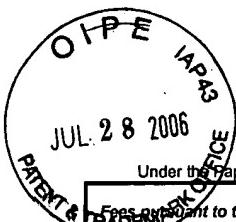
Credit any overpayment.

Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.

*James T. Eller, Jr.*  
 James T. Eller, Jr.  
 Attorney Reg. No.: 39,538

Dated: July 28, 2006

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PTO/SB/17 (01-06)

Approved for use through 7/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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<b>FEES TRANSMITTAL</b> <b>For FY 2006</b>		<b>Complete if Known</b>	
		Application Number	10/827,332-Conf. #2928
		Filing Date	April 20, 2004
		First Named Inventor	Charles Henry LEDERER IV
		Examiner Name	D. C. Pope
		Art Unit	2632
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		TOTAL AMOUNT OF PAYMENT (\$)	
\$ 625.00		Attorney Docket No. 4822-0102P	

**METHOD OF PAYMENT** (check all that apply)

Check     Credit Card     Money Order     None     Other (please identify): \_\_\_\_\_

Deposit Account    Deposit Account Number: 02-2448    Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below     Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17     Credit any overpayments

**FEE CALCULATION** (All the fees below are due upon filing or may be subject to a surcharge.)**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		<u>Fees Paid (\$)</u>
	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**Fee Description

Each claim over 20 (including Reissues)

Small EntityFee (\$)    Fee (\$)

50    25

Each independent claim over 3 (including Reissues)

200    100

Multiple dependent claims

360    180

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
25	- 29 = 0	x _____	= _____			
HP = highest number of total claims paid for, if greater than 20.						
<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>			
9	- 5 = 4	x 100.00	= 400.00			
HP = highest number of independent claims paid for, if greater than 3.						

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
_____	- 100 = _____	/50 (round up to a whole number) x _____	= _____	

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 2252 Extension for response within second month 225.00

<b>SUBMITTED BY</b>				
Signature	<u>James T. Eller, Jr.</u>	Registration No. (Attorney/Agent)	39,538	Telephone (703) 205-8000
Name (Print/Type)	James T. Eller, Jr.	Date	July 28, 2006	